

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	1

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
1	1

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

9150.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John Botts

11/25/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

3750.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☐ House

State: GA

Senate

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

James F. Martin

Calendar Year-To-Date Per Election
for Office Sought

38178.38

Disbursement For:
2008☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

3750.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☐ House

State: GA

Senate

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Saxby Chamblis

Calendar Year-To-Date Per Election
for Office Sought

38178.38

Disbursement For:
2008☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

M+R Strategic Services

Date

M M / D D / Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Mailing Address

2120 L Street, NW
6th Floor

Amount

825.00

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

ext message production

Category/
Type

Office Sought:

☐ House

State: GA

Senate

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

James F. Martin

Calendar Year-To-Date Per Election
for Office Sought

38178.38

Disbursement For:
2008☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8325.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

Mailing Address
2120 L Street, NW
6th Floor

Amount

825.00

City	State	Zip Code
Washington	DC	20037

Purpose of Expenditure
ext message productionCategory/
Type

Office Sought:

☐

House

State: GA

Senate

☒

Senate

District: 00☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Saxby ChamblisCalendar Year-To-Date Per Election
for Office Sought

38178.38

Disbursement For:
2008☐

Primary

☐

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

825.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

9150.00